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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 07/000001		CITY OR I	OWN NEEDHAL	VI
APPLICATION FO	R RENEWAL:	Annual	I	LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	HST LESSEE	E NEEDHAM, LLC			
DOING BUSINESS	A SHERATON	N NEEDHAM HOTEL			
ADDRESS 100A-C	CABOT ST.				
CITY/TOWN: NEI	EDHAM	STATE: MA	ZIP COI	DE: 02494	
MANAGER: YOU	JNG, BILL	TYPE OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
		EET, 5 FLOORS, LIQU AURANT,POOL AREA,			
I hereby certify and	swear under pen	alties of perjury that:			
1. the renew	ved license will l	be of the same type for th	ne same premise	es now licensed;	
2. the licens	see has complied	l with all laws of the Con	nmonwealth rel	ating to taxes; and	
3. the premi	ises are now ope	en for business (If not exp	olain below)		
SIGNED BY	Individual, Pa	artner or Authorized Corp	porate Officer		
DATE:	TELEP	HONE NUMBER:		PLOYER IDENTIFICATION IN THE PROPERTY PROPERTY INDIVIDUAL SOCIAL SECTION OF THE PROPERTY PROPERTY IN THE PROPE	
Acts of 2004, signe	d by the building	re are in possession (1) t ng inspector and the hea ate of liquor liability ins	ad of the fire d	lepartment for the	above
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved expl	am)				
DATE:					
			-		<del></del>



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	777000002		CITY OR	TOWN NEEDHAL	VI
APPLICATION FOR R	RENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N	NOT YOUR AV	ERAGE JOE'S, INC			
DOING BUSINESS A	NOT YOUR A	VERAGE JOE'S			
ADDRESS 109 CHAPI	EL ST.				
CITY/TOWN: NEED	HAM	STATE: M	A ZIP C	ODE: 02492	
MANAGER: capodile	upo, louis T	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLF	EASE ALSO VISIT OUI	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIG FIRST FLR RESTAUR STOVE. PIZZA OVEN FOR STORAGE. ADD	RANT WITH 12 I,RESTROOMS	25 SEATS AND SER S. FRONT ENTRAN			
I hereby certify and swe	ear under penalt	ies of perjury that:			
1. the renewed	license will be	of the same type for t	the same prem	ises now licensed;	
	-			relating to taxes; and	
3. the premises	are now open f	for business (If not ex	(xplain below)		
SIGNED BY	Individual, Parti	ner or Authorized Co	rporate Office	er	
DATE:	TELEPHO	ONE NUMBER:		MPLOYER IDENTIFICAT  : NOT Individual Social S	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building	inspector and the h	ead of the fire	e department for the	above
Please Check Below:			LOCAL	LICENSING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED: (If disapproved explain)	<u> </u>				
(11 disappioved explain	,				
DATE:					



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LICENSE NUMBER: 077000003		CITY OR TOWN NEEDHAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TU Y YO II,LLO		
DOING BUSINESS A TU Y YO,MEX	KICAN CUISINE	
ADDRESS 66 CHESTNUT ST.		
CITY/TOWN: NEEDHAM	STATE: MA	ZIP CODE: 02492
MANAGER: GUZMAN,PATRICITA	YPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	MISES:	
DINING ROOM CONTAINING 102 S DINING ROOM(ONE TO PATIO), K ROOMS, STORAGE, OUTSIDE PAT PLANNING BOARD SPECIAL PERM	TCHEN WITH DELIVIOUS SEATINGS, SUBJECT	ERY DOOR/ EXIT, TWO WASH
I hereby certify and swear under penalt	es of perjury that:	
1. the renewed license will be	of the same type for the s	same premises now licensed;
2. the licensee has complied w		•
3. the premises are now open f	or business (If not explain	in below)
SIGNED BY Individual, Partr	er or Authorized Corpor	rate Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <b>NOT</b> Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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LICENSE NUMBER: 077000004		CITY OR TOWN	NEEDHAN	M
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: NEW GARDEN II	NC.			
DOING BUSINESS A NEW GARDEN	RESTAURANT			
ADDRESS 250 CHESTNUT ST.				
CITY/TOWN: NEEDHAM	STATE: MA	ZIP CODE:	02492	
MANAGER: SO, VIRGINIA TY	PE OF LICENSE: Res	staurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMI	SES:			
110 SEAT RESTAURANT WITH SERV	/ICE BAR AND WA	ITING AREA		
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the	same premises nov	w licensed;	
2. the licensee has complied with	all laws of the Comm	nonwealth relating	to taxes; and	
3. the premises are now open for	business (If not expla	ain below)		
-				
SIGNED BY				
Individual, Partner	r or Authorized Corpo	orate Officer		
DATE: TELEPHON	NE NUMBER:		ER IDENTIFICAT	
		(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, attest that we are	e in nossession (1) the	e certificate requi	red by Chant	er 304 of the
Acts of 2004, signed by the building in				
named license and (2) the certificate of of 2010.	f liquor liability insu	rance required by	Chapter 116	of the Acts
01 2010.				
Please Check Below:		LOCAL LICEN	ISING AUTH	ORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
(п акарртотов ехрипп)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY I	LICENSEES DURING THE M	ONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUMBER	C: 07/000006		CITY OR TOV	VN NEEDHAI	VI
APPLICATION FOI	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A	F CLUB INC. THE			
ADDRESS 49 GREI					
CITY/TOWN: NEE	EDHAM	STATE: MA	ZIP CODE	: 02492	
MANAGER: BUD A.	GE, BRENDA TY	TE OF LICENSE: C	lub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:			
CONSISTING OF G	RILL ROOM ON F	TRST FLOOR AND	FUNCTION RO	OM ON SECON	/ID
I hereby certify and s	•	1 5 5			
		f the same type for th			
	•	h all laws of the Con		ng to taxes; and	
3. the premi	ses are now open for	r business (If not exp	olain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signed	d by the building in	e in possession (1) t aspector and the hea of liquor liability ins	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	-:>				
(If disapproved expla	1111)				
DATE					
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 077000007		CITY OR TOWN N	EEDHAM
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: MANDARIN GOU	JRMET, INC.		
DOING BUSINESS A MANDARIN CU	ISINE		
ADDRESS 238 HIGHLAND AVE.			
CITY/TOWN: NEEDHAM	STATE: MA	ZIP CODE: 02	2494
MANAGER: WOO, LESLIE TY	PE OF LICENSE: Rest	taurant CATE	GORY: All Alcohol
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMI			
MAIN ENTRANCE ON HIGHLAND A' KITCHEN, PREP ROOMS, OFFICE ANI			EATS 105.
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the	same premises now lice	nsed;
2. the licensee has complied with	all laws of the Comm	onwealth relating to tax	tes; and
3. the premises are now open for	business (If not expla	in below)	
SIGNED BY  Individual Partner	or Authorized Corpor	rate Officer	
marvidum, r urmor	or rumorized corpor		
DATE: TELEPHON	E NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
TEELITION	L NOMBLK.	(Note: NOT Individu	al Social Security Number)
We the undersigned, attest that we are	in neggession (1) the	aantificata maguinad b	y Chantan 204 af tha
Acts of 2004, signed by the building in			
named license and (2) the certificate of of 2010.	liquor liability insur	rance required by Cha	pter 116 of the Acts
Please Check Below:		LOCAL LICENSING	SAUTHORITY
APPROVED:		By:	THO IIIOMI I
DISAPPROVED:		•	
(If disapproved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:077000008		CITY OR TOV	VIN NEEDHAI	VI
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	TIAN LONG,	INC			
DOING BUSINESS	A FUJI STEAK	HOUSE			
ADDRESS 1430 HIC	GHLAND AVE.				
CITY/TOWN: NEE	DHAM	STATE: MA	ZIP CODE	: 02492	
MANAGER: ZHA	NG, YING	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PRI	EMISES:			
		OM KITCHEN AND EM A AND CONSISTING C			
I hereby certify and s	wear under pena	ulties of perjury that:			
1. the renew	ed license will b	e of the same type for th	e same premises r	now licensed;	
2. the license	ee has complied	with all laws of the Com	nmonwealth relatii	ng to taxes; and	
3. the premis	ses are now oper	n for business (If not exp	lain below)		
SIGNED BY					
	Individual, Par	rtner or Authorized Corp	orate Officer		
DATE:					W0111111111111111111111111111111111111
DATE.	TELEPH	HONE NUMBER:		YER IDENTIFICATE  Individual Social S	
			(110tel <u>140 1</u>	marvidaar Sociar i	security (validet)
Acts of 2004, signed	by the buildin	e are in possession (1) the graph inspector and the heat te of liquor liability ins	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000009		CITY OR TOWN	NEEDHAM
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LIEUT.MANSON	CARTER POST #24	98 V.F.W. OF U.S.	
DOING BUSINESS A			
ADDRESS 20 JUNCTION ST.			
CITY/TOWN: NEEDHAM	STATE: MA	ZIP CODE:	02492
MANAGER: KEITH, CHARLES TYP W.	E OF LICENSE: Vet	erans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
ONE FLOOR. FRONT ENTRANCE, SIDE ROOM WITH OFFICE, KITCHEN, LADE			HALL; FUNCTION
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	he same type for the	same premises now	licensed;
2. the licensee has complied with	all laws of the Comm	nonwealth relating to	o taxes; and
3. the premises are now open for l	business (If not expla	in below)	
SIGNED BY		0.00	
Individual, Partner	or Authorized Corpo	rate Officer	
D. 1777			
DATE: TELEPHONI	E NUMBER:		LIDENTIFICATION NUMBER: dividual Social Security Number)
		(Note. NOT IIId	ividuai Sociai Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building instance license and (2) the certificate of of 2010.	pector and the head	of the fire departi	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUM	BER: 077000011		CIT	Y OR TOWN	NEEDHAM	1
APPLICATION	FOR RENEWAL:	Annu	ıal	LICEN	SED FOR 20	13
		CLA	SS			YEAR
	ME: GIBBOUS MOON ESS A THE CENTER C		AM			
CITY/TOWN:	NEEDHAM	STATE:	MA	ZIP CODE:	02492	
MANAGER: V	WALLER, STEVEN TYP	PE OF LICEN	SE:Restaura	ant C	ATEGORY:	All Alcohol
EMAIL ADDRE	SSS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAIL A	DDRESS		ı
DESCRIPTION	OF LICENSED PREMIS	SES:				
TWO STORY, I STORAGE.	ST FLOOR DINING RO	OM, KITCHI	EN, BAR PO	ORCH AND CI	ELLAR USEI	) FOR
I hereby certify a	and swear under penalties	of perjury tha	ıt:			
1. the re	newed license will be of	the same type	for the same	e premises now	licensed;	
2. the lie	censee has complied with	all laws of the	e Commonw	ealth relating to	o taxes; and	
3. the pr	remises are now open for	business (If no	ot explain be	elow)		
SIGNED BY	Individual, Partner	or Authorized	l Corporate	Officer		
DATE:	TELEPHON	E NUMBER:		EMPLOYER (Note: NOT Ind	R IDENTIFICAT	
Acts of 2004, sig	gned, attest that we are gned by the building ins and (2) the certificate of	spector and tl	he head of t	he fire depart	ment for the	above
Please Check Below	<u>.</u>		L	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED (If disapproved e	<del></del>		_			
			_			
DATE:			_			
APPLICATION FOR R	ENEWAL MUST BE FILED BY L	ICENSEES DURIN	G THE MONTH	OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	(A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	′7000012		CITY	OR TOWN	NEEDHAN	Л
APPLICATION FOR RE	ENEWAL:	Annua	1	LICEN	ISED FOR 20	)13
		CLASS	S			YEAR
LICENSEE NAME: Ba	anyan Tree, LLC					
DOING BUSINESS A	The Rice Barn					
ADDRESS 1037 GREA	T PLAIN AVE					
CITY/TOWN: NEEDH	IAM	STATE:	MA ZI	P CODE:	02492	
MANAGER: Arakputh	nanun, LaddaTYPE	E OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	ASE ALSO VISIT OUR WEB		OUR EMAIL ADD	RESS		
DESCRIPTION OF LIC						
FIRST FLOOR RETAIL EGRESSES IN FRONT		DINING ROC	OMS, KITCF	IEN FACILI	ITIES AND V	VITH
I hereby certify and swea	or under penalties c	of parium that				
• •	icense will be of th			remises now	/ licensed:	
	as complied with a	• •	-			
3. the premises a	are now open for b	usiness (If not	explain belo	ow)		
SIGNED BY	11 1 1 D	A 41 ' 14	G	rc.		
ın	ndividual, Partner o	r Autnorizea	Corporate Oi	nicer		
DATE:	TELEDIJONE	NHIMBED.		EMPI OVE	R IDENTIFICAT	ION NUMBER:
<b>21112.</b>	TELEPHONE	NUMBEK:	(			ecurity Number)
		•	(d) (1			204 0.7
We the undersigned, at Acts of 2004, signed by		_		_	-	
named license and (2) to of 2010.						
			* 0.0			0.D.Y.T.Y.
Please Check Below: APPROVED:				CAL LICENS	SING AUTHO	JRITY
DISAPPROVED:			By:			
(If disapproved explain)						
DATE.						
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	07/000013		CITY OR TOWN	NEEDHAI	VI
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PETIT NEEDHAM I	LC			
DOING BUSINESS A	A PETIT ROBERT B	ISTRO			
ADDRESS 45 CHAPI	EL ST				
CITY/TOWN: NEEI	DHAM	STATE: MA	ZIP CODE:	02492	
MANAGER: SPEN	CER, RAJI D. TYPE	OF LICENSE: Rest	aurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM.	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:			
T1 1	1 1	c			
I hereby certify and sw	d license will be of the		sama pramicas nov	v licensed:	
	e has complied with al	* *	•		
	es are now open for bu		=	to taxes, and	
SIGNED BY					
	Individual, Partner or	Authorized Corpor	rate Officer		
D.A.TE					
DATE:	TELEPHONE :	NUMBER:			GION NUMBER: Security Number)
			(110te: <u>1101</u> III	dividual Social S	security (variiber)
We the undersigned					
Acts of 2004, signed named license and (2					
of 2010.				_	
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	11 <i>)</i>				
DATE:					



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LICENSE NUI	MBER: 077000014		CITY OR TOWN NEEDHA	M
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: PII RESTAU	JRANT, INC.		
DOING BUSI	NESS A PACINI'S			
ADDRESS 11	85 HIGHLAND AV	ENUE		
CITY/TOWN:	NEEDHAM	STATE: MA	ZIP CODE: 02492	
MANAGER:	HATHOUT, MAHER	TYPE OF LICENSE: R	Restaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
DESCRIPTION	PLEASE ALSO VISTI N OF LICENSED PI	OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS	
I hereby certify	and swear under pe	nalties of perjury that:		
, ,	•		ne same premises now licensed;	
2. the	licensee has complie	d with all laws of the Cor	nmonwealth relating to taxes; and	
3. the	premises are now op	en for business (If not exp	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Cor	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the build	ing inspector and the he	the certificate required by Chap ad of the fire department for th surance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappiovec	i expiaiii)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2R: 07/000015		CITY	OR TOWN	NEEDHAN	VI
APPLICATION FO	OR RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	E: BERTUCCI'S REST	AURANT CORI	P.			
DOING BUSINES	S A BERTUCCI'S BRIC	CK OVEN RIST	ORANTE	A		
ADDRESS 1257 H	IGHLAND AVE					
CITY/TOWN: NE	EEDHAM	STATE: MA	A ZII	P CODE:	02492	
	N-TATE, TYPE TIANA	OF LICENSE:	Restaurant	(	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBS F LICENSED PREMISE		R EMAIL ADDI	RESS		
<ol> <li>the rene</li> <li>the licer</li> </ol>	I swear under penalties of wed license will be of the usee has complied with al unises are now open for bu	e same type for t	mmonweal	lth relating		
SIGNED BY	Individual, Partner or	r Authorized Cor	porate Of	ficer		
DATE:	TELEPHONE	NUMBER:	(1)		ER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are in ed by the building inspect (2) the certificate of li	ector and the he	ad of the	fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]  blain)		LOC By:	AL LICEN	SING AUTH	ORITY
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 077000016		CITY OR TOWN	NEEDHAM	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	NSED FOR 2013	
DOING BUSINES	E: SAI RESTAUR SS A MASALA AR REAT PLAIN AVE	T		YEAR	
CITY/TOWN: NI	EEDHAM	STATE: MA	ZIP CODE:	02492	
	APOOR, Z AKILA	TYPE OF LICENSE: Re	estaurant C	CATEGORY: All Alcohol	
EMAIL ADDRESS	S:				
DESCRIPTION O	PLEASE ALSO VISIT OU F LICENSED PRE	R WEBSITE AND ENTER YOUR I MISES:	EMAIL ADDRESS		
<ol> <li>the rene</li> <li>the licer</li> </ol>	nsee has complied v mises are now open	ties of perjury that:  of the same type for the vith all laws of the Comfor business (If not exp	monwealth relating lain below)		
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)	
Acts of 2004, sign	ned by the building	inspector and the hea	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts	
Please Check Below:					
APPROVED:  DISAPPROVED: (If disapproved exp	plain)		LOCAL LICEN By:	SING AUTHORITY	



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LICENSE NUMBER: 077000017		CITY OR TOWN NEEDHA	M
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BICKFORD'S F DOING BUSINESS A ADDRESS 669-73 HIGHLAND AVE		Γ, INC.	
		7ID CODE: 02404	
CITY/TOWN: NEEDHAM	STATE: MA	ZIP CODE: 02494	
MANAGER: ADDIECO, T GOFFREDO	YPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	_		
DESCRIPTION OF LICENSED PREM RESTAURANT WITH ONE DINING I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open for	ROOM ies of perjury that: of the same type for the sith all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and	
3. the premises are now open i	or business (II not expia	in below)	
SIGNED BY Individual, Parti	ner or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for the	e above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:  APPLICATION FOR RENEWAL MUST BE FILED B'			



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LICENSE NU	MBER: 077000019		CITY OR TOWN	NEEDHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
		UB BUILDING ASSOS	INC.	
DOING BUSI				
	MORTON STREET			
CITY/TOWN:	NEEDHAM	STATE: MA	ZIP CODE:	02492
MANAGER:	DESPRES, MICHAEL R.	TYPE OF LICENSE: CI	ub C	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PRI			
CONSISTS O		ATED ON THE LOWE! , WITH TWO ENTRANDOM.		
I hereby certify	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	same premises nov	v licensed;
2. the	licensee has complied	with all laws of the Com	monwealth relating	to taxes; and
3. the	premises are now open	n for business (If not expl	ain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the hea	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Bele	ow:		LOCAL LICEN	SING AUTHORITY
APPROVED:	<u> </u>		By:	
DISAPPROVI				
(If disapproved	a explain)			_
DATE:				
DAIL.				



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LICENSE NUMBER: 07/000020		CITY OR TOWN NEEDHAM
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MOUNT B	LUE TWO, LLC	
DOING BUSINESS A Blue on H	ighland	
ADDRESS 882 HIGHLAND AVI	3	
CITY/TOWN: NEEDHAM	STATE: MA	ZIP CODE: 02492
MANAGER: SULLIVAN, MATTHEW D.	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED F		
3446 SQ FT ON FIRST FLOOR A	AND 3140 SQ FT ON SECO	ND FL
I 1 1	16'	
I hereby certify and swear under po	l be of the same type for the s	sama promisas now licansad
	• •	-
•		onwealth relating to taxes; and
5. the premises are now of	pen for business (If not explain	ili below)
GIGNED DA		
SIGNED BY Individual,	Partner or Authorized Corpor	rate Officer
,	·	
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
We the undersioned attest that	we are in nossession (1) the	certificate required by Chapter 304 of the
Acts of 2004, signed by the build	ling inspector and the head	of the fire department for the above
named license and (2) the certific of 2010.	cate of liquor liability insur	rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	77000022		CITY OR T	OWN NEEDHAN	M.
APPLICATION FOR RI	ENEWAL:	Annual	I	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A	SILLEM LLC				
DOING BUSINESS A	STONE HEARTH	I PIZZA			
ADDRESS 974 GREAT	PLAIN AVE				
CITY/TOWN: NEEDH	IAM	STATE: MA	ZIP CO	DE: 02492	
MANAGER: CHRIST ROBBIN		E OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC					
2800 SQ. FT. W/ TWO RESTAURANT SEATE OFFICE & RESTROOM	NG FOR 64 PATI	RONS & KITCHEN			
I hereby certify and swea	ar under penalties	of perjury that:			
1. the renewed l	license will be of t	he same type for the	same premise	es now licensed;	
	•	all laws of the Comi		ating to taxes; and	
3. the premises	are now open for l	business (If not expl	ain below)		
SIGNED BY	ndividual. Partner	or Authorized Corpo	orate Officer		
	ioi viduai, i uraioi	or rumonzed corp.			
DATE:	TELEPHONI	E NI IMBER:	EMI	PLOYER IDENTIFICAT	TON NUMBER:
	TEEEI HOIVI	Z IVOMBLIC.	(Note: <u>N</u>	NOT Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	pector and the head	l of the fire o	lepartment for the	above
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(ii disapproved explain)					
DATE:					



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LICENSE NUMBI	ER: 077000023		CITY OR TOWN	I NEEDHAN	VI.
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES ADDRESS 18 HIC	S A				
CITY/TOWN: NI	EEDHAM	STATE: MA	ZIP CODE:	02494	
MANAGER: IRI	TI, CARMELO TY	PE OF LICENSE:R	estaurant (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				]
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		<b>」</b>
DESCRIPTION O	F LICENSED PREMI	SES:			
SEE EXIHIBIT A	ATTATCHED HERE	TO AND INCORPO	ORATED HEREIN.		
I hereby certify and	l swear under penalties	s of perjury that:			
1. the rene	wed license will be of	the same type for th	ne same premises nov	w licensed;	
2. the licer	nsee has complied with	all laws of the Con	nmonwealth relating	to taxes; and	
3. the pren	nises are now open for	business (If not exp	olain below)		
SIGNED BY	Individual, Partner	r or Authorized Corp	porate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate of	spector and the he	ad of the fire depar	tment for the	above
Please Check Below:	_		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	L				
(If disapproved exp	Jiaiii)				
DATE:					
APPLICATION FOR REN	EWAL MUST BE FILED BY L	LICENSEES DURING THE	MONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NU	MBER: 077000024		CITY OR TOWN NE	EEDHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: The Village Fish	of Needham,Inc		
DOING BUSI	NESS A The Village Fis	sh		
ADDRESS 97	0 Great Plain Ave			
CITY/TOWN:	NEEDHAM	STATE: MA	ZIP CODE: 02	2492
MANAGER:	Jacobs, Kate T	YPE OF LICENSE: Re	estaurant CATE	GORY: All Alcohol
EMAIL ADDF	RESS:			
		R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PREN			
	vel. Front & rear ent/exit room in basement	s, dining on ground flo	oor,kitchen on ground floo	or, storage, dish
I hereby certify	and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for th	e same premises now licer	nsed;
2. the	licensee has complied w	ith all laws of the Com	monwealth relating to tax	es; and
3. the	premises are now open f	or business (If not exp	lain below)	
SIGNED BY	Individual Partr	ner or Authorized Corp	orate Officer	
	marviauai, i ara	ier of Authorized Corp	orate Officer	
DATE:	TEI EDU <i>C</i>	ONE NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
	TELEFTIC	THE NOWIDER.		al Social Security Number)
<b>TT</b> 7 41 1		• (4) (1	4.00 4 . 11	CI 4 204 64
			he certificate required by nd of the fire department	
		_	urance required by Cha	
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI	<u> </u>			
(If disapproved	i expiain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED B	Y LICENSEES DURING THE !	MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	077000025		CITY OR TOWN IN	EEDHAM
APPLICATION FOR	RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAME:				
	ACAPULCO'S MEXICAN	√ FAMILY R	RESTAURANT	
ADDRESS ONE FIRS	ST AVENUE			
CITY/TOWN: NEEL	OHAM STA	TE: MA	ZIP CODE: 0	2492
MANAGER: MORE	ENO, CESAR TYPE OF LI	CENSE: Res	taurant CATI	EGORY: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:			
	CATED AT ONE FIRST AV		TAINING 4428 SQ F	Γ
•	ear under penalties of perju	•		
	d license will be of the same	• •	-	
	e has complied with all laws		_	xes; and
3. the premise	es are now open for business	(II not expla	in below)	
SIGNED BY				
SIGNED B I	Individual, Partner or Author	orized Corpo	rate Officer	
DATE:	TELEPHONE NUMI	BER:	EMPLOYER IDI	ENTIFICATION NUMBER:
	12221101 (21 (01)1	2211	(Note: NOT Individ	ual Social Security Number)
Wo the and one on a				ou Chamtan 204 of the
	attest that we are in posse by the building inspector a			
named license and (2	the certificate of liquor l			
of 2010.				
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED: DISAPPROVED:	¬		By:	
(If disapproved explain	_ 1)			
(11 Shouppio rod Oxpidii	<del>-</del> /			
DATE:				



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LICENSE NU.	MBEK: 07/000026		CITY OR TOW	N NEEDHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: FUSION CU	ISINE INC.		
	NESS A GARI			
ADDRESS 10	19 GREAT PLAIN A	VENUE		
CITY/TOWN:		STATE: MA	ZIP CODE:	02492
MANAGER:	HUANG, GARY XIAO YONG	TYPE OF LICENSE: Re	estaurant	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO:	N OF LICENSED PR	REMISES:		
I hereby certify 1. the 2. the	y and swear under per renewed license will licensee has complied	E, AND FOOD PREPAR nalties of perjury that: be of the same type for the d with all laws of the Comen for business (If not exp	e same premises no nmonwealth relating	ow licensed;
	Individual, P	artner or Authorized Corp	orate Officer	
DATE:	TELEF	PHONE NUMBER:		YER IDENTIFICATION NUMBER: Individual Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the hea	ad of the fire depa	nired by Chapter 304 of the extrement for the above by Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICE	NSING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)		-	<u> </u>
DATE:				
DATE:				



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077000027	C	ITY OR TOWN NEEDHA	ΔM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: A AND Z BU DOING BUSINESS A WILD WILL			
ADDRESS 1257 HIGHLAND AVE	NUE		
CITY/TOWN: NEEDHAM	STATE: MA	ZIP CODE: 02492	
MANAGER: SEDER, LESLEY	TYPE OF LICENSE: Restau	rant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PR			
118 SEAT MAIN DINING AREA V ENTRANCE/EXIT WITH 2 ENTRA BASEMENT			
2. the licensee has complied 3. the premises are now open SIGNED BY	be of the same type for the same with all laws of the Common n for business (If not explain artner or Authorized Corporate	nwealth relating to taxes; and below)	l
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificatof 2010.	ng inspector and the head of	the fire department for th	e above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

		IIY OR IOWN NEEDHA	LIVI
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: ARISCO LLC			
DOING BUSINESS A ACROPOLIS			
ADDRESS 1257 HIGHLAND AVENUE	E		
CITY/TOWN: NEEDHAM	STATE: MA	ZIP CODE: 02492	
MANAGER: SCLAVOUNOS, TYPE ARCHIMEDIS	PE OF LICENSE: Restar	urant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAI	L ADDRESS	<del></del> -
DESCRIPTION OF LICENSED PREMIS			
1400 SQUARE FEET ON GROUND LE		RANCES/EXITS	
I hereby certify and swear under penalties	1 0 0		
1. the renewed license will be of	* *	•	
2. the licensee has complied with			
3. the premises are now open for	business (If not explain	below)	
SIGNED BY			
T 11 1 1 D	4 4 : 16	O.CC	
Individual, Partner	or Authorized Corpora	te Officer	
Individual, Partner	or Authorized Corpora	te Officer	
DATE			ATION NUMBER.
DATE	or Authorized Corpora	te Officer  EMPLOYER IDENTIFICA  (Note: NOT Individual Social	
DATE	TE NUMBER:  e in possession (1) the cospector and the head o	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap f the fire department for th	Security Number) oter 304 of the e above
DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of	TE NUMBER:  e in possession (1) the conspector and the head of fliquor liability insura	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social ertificate required by Chap f the fire department for th nce required by Chapter 11	Security Number) oter 304 of the e above 16 of the Acts
DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	TE NUMBER:  e in possession (1) the cospector and the head of liquor liability insura	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap f the fire department for th	Security Number) oter 304 of the e above 16 of the Acts
DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TE NUMBER:  e in possession (1) the cospector and the head of liquor liability insura	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap f the fire department for th nce required by Chapter 11	Security Number) oter 304 of the e above 16 of the Acts
DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	TE NUMBER:  e in possession (1) the cospector and the head of liquor liability insura	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap f the fire department for th nce required by Chapter 11	Security Number) oter 304 of the e above 16 of the Acts
DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TE NUMBER:  e in possession (1) the cospector and the head of liquor liability insura	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap f the fire department for th nce required by Chapter 11	Security Number) oter 304 of the e above 16 of the Acts